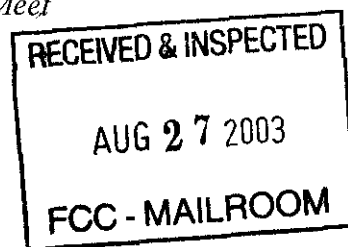




Saint Bede School

Where Faith & Education Meet

August 18, 2003



Federal Communications Commission
Office of the Secretary
445 – 12th Street, SW
Washington, DC 20554

RE: CC Docket Nos. 96-45 and 97-21 Request for Waiver

I am requesting a waiver for a deadline date for our Funding Year 5. When AT&T mistakenly sent an email regarding Year 5 instead of Year 6, it was brought to my attention that the Funding Commitment Decision Letter was never received for Year 5. I contacted the USAC and they sent me a copy of the FCDL and told me to request a deadline waiver.

Thank you for your consideration as our school relies on the E-Rate to help bring quality education to our students.

Sincerely,

Patricia S. Brooks
Administrative Assistant
Billed Entity #68325
pbrooks@stbedeschool.pvt.k12.il.us

Enc: Form 470, 471, 486, FCDL, Form 486 Notification Letter.

No. of Copies rec'd 0
List ABCDE

FCC Form

Approval by OMB
3060-0806**470**

Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 916690000370655

Applicant's Form Identifier:

Application Status: COMPLETE

Posting Date: 11/06/2001

Allowable Contract Date: 12/04/2001

Certification Received Date:

1. Name of Applicant:

ST BEDE SCHOOL

2. Funding Year:

07/01/2002 - 06/30/2003

3. Your Entity Number

68325

4. Applicant's Street Address, P.O.Box, or Route Number**a. Street**

36399 N WILSON RD

City

INGLESIDE

State

IL

Zip Code 5Digit

60041

Zip Code 4Digit

9609

b. Telephone number

ext.

(847) 587- 5541

c. Fax number

() -

d. E-mail Address

info@stbede.com

5. Type Of Applicant (Check only one box)

- ☐ Library (including library system, library branch, or library consortium applying as a library)
- ☒ Individual School (individual public or non-public school)
- ☐ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)
- ☐ Consortium (intermediate service agencies, states, state networks, special consortia)

6a. Contact Person's Name: Patricia S. Brooks**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**

36399 N WILSON RD

City

INGLESIDE

State

IL

Zip Code 5Digit

60041

Zip Code 4Digit

9609

☒ **6c. Telephone Number (10 digits + ext.)** (847) 587- 5541

6d. Fax Number (10 digits) (847) 587-2713

6e. E-mail Address (50 characters max.) pbrooks@stbede.com

Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):

- a. ☒ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- b. ☐ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- c. ☐ Services for which a new written contract is sought for the funding year in Item 2.
- d. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.

8 ☒ Telecommunications Services

Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?

- a. ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at _____
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

- b. ☒ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.

Service or Function:

Quantity and/or Capacity:

local voice service

3

long distance voice service

2

9 ☐ Internet Access

Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?

- a. ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at _____
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

- b. ☐ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access Services. Add additional lines if needed.

10 ☐ Internal Connections

Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?

a ☒ **YES**, I have an RFP. Choose one of the following: It is available on the Web at _____
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☐ **NO**, I do not have an RFP for these services.

If you answered NO, you must list below the Internal Connections Services you seek. Specify each **service or function** (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internal Connections Services. Add additional lines if needed.

11 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name: _____

Title: _____

Telephone number (10 digits + ext.)

() - _____

Fax number

() - _____

E-mail Address (50 characters max.) _____

12. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

| |
|---------------------------------------|
| Block 3: Technology Assessment |
|---------------------------------------|

14. ☒ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is **ONLY** for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required ☐ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☐ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☐ is being sought.

d. Computer hardware maintenance: adequate arrangements ☐ have been made; and/or ☐ are being sought.

e. Staff development: ☐ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

| |
|---------------------------------------|
| Block 4: Recipients of Service |
|---------------------------------------|

16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected:

a. ☒ **Individual school or single-site library:** Check here, and enter the billed entity in Item 17.

b. ☐ **Statewide application (check all that apply):**

- ☐ All public schools/districts in the state:
☐ All non-public schools in the state:
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☐ **School district, library system, or consortium application to serve multiple eligible sites:**

| | |
|--|---|
| Number of eligible sites | |
| <i>For these eligible sites, please provide the following</i> | |
| Area Codes (list each unique area code) | Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces |
| If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18. | |

| |
|----------------------------|
| 17. Billed Entities |
|----------------------------|

| Entity Name | Entity Number |
|----------------|---------------|
| ST BEDE SCHOOL | 68325 |

| |
|--------------------------------|
| 18. Ineligible Entities |
|--------------------------------|

| Ineligible Participating Entity | Entity Number | Area Code | Prefix |
|---------------------------------|---------------|-----------|--------|
| | | | |

| |
|-------------------------------|
| Block 5: Certification |
|-------------------------------|

19. The applicant includes: (Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☐ individual technology plans for using the services requested in the application
b. ☒ higher-level technology plans for using the services requested in the application
c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
b. ☐ technology plan(s) will be approved by a state or other authorized body.
c. ☐ no technology plan needed; application requests basic local and long distance telephone service only. .

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☐

26. Date (mm/dd/yyyy):

27. Printed name of authorized person: **Patricia S. Brooks**

28. Title or position of authorized person: **Technology Coordinator**

29. Telephone number of authorized person: **(847) 587 - 5541** ext.

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form



Entity Number: 68325
Contact Person: Patricia S. Brooks

Applicant's Form Identifier:
Phone Number: 847-587-5541

FCC Form

Approval by OMB
 3060-0806

470

**Schools and Libraries Universal Service
 Program Description of Services Requested
 and Certification Form**

Do not write in this area

Form 470 Application Number: 916690000370655

19. The applicant includes:(Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☐ individual technology plans for using the services requested in the application
- b. ☒ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

21. Status of technology plans (if representing multiple entities with mixed status, check both a and b):

- a. ☒ Technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ Technology plan(s) will be approved by a state or other authorized body.
- c. ☐ The application requests basic local and long distance telephone service only; no technology plan needed.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained

**Schools and Libraries Universal Service Program
Services Ordered and Certification Form 471
Application Display**

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Block 1: Billed Entity Information

Applicant's Form Identifier:

471 Application Number: 302736

Funding Year: 07/01/2002 - 06/30/2003

Billed Entity Number: 68325

Name: ST BEDE SCHOOL

Address: 36399 N WILSON RD

City: INGLESIDE **State:** IL **Zip:** 60041 9609

Phone: 847-587-5541 **Ext:**

Fax: 847-587-2713

E-mail: stinkyluk@att.net

Contact Name: Patricia S. Brooks

Address: 36399 N WILSON RD

City: INGLESIDE **State:** IL **Zip:** 60041 9609

Contact Phone: 847-587-5541 **Ext:**

Contact Fax: 847-587-5541 **Ext:**

E-mail: stinkyluk@att.net

Contact Mode: EMAIL

Alternate Contact Info.:

Type of Application: SCHOOL

Ineligible Orgs: N

Block 3: Impact of Services Ordered in THIS Application

Number of students to be served: 319

Number of library patrons to be served:

| SERVICE DESCRIPTION | BEFORE ORDER | AFTER ORDER |
|---|--------------|-------------|
| a. (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order? | 5 | 5 |
| b. High-bandwidth voice/data/video service: How many buildings served before and after your order? | 0 | 0 |
| c. High-bandwidth voice/data/video service: Highest speed to a building before and after your order? | 0 | 0 |
| d. Dial-up Internet connections: How many before and after your order? | 0 | 0 |
| e. Dial-up Internet connections: Highest speed before and after your order? | 0 | 0 |
| f. Direct connections to the Internet: How many before and after your order? | 1 | 1 |
| g. Direct connections to the Internet: Highest speed before and after your order? | 64K | T1 |
| h. Internet access(for schools): How many rooms have Internet access before and after your order? | 18 | 18 |

| | | |
|---|----|----|
| j. Internet Access: How many computers (or other devices) with Internet access before and after your order? | 50 | 50 |
|---|----|----|

Block 4: Worksheets

Worksheet A No: 362389 Student Count: 320
 Weighted Product (Sum. Column 8): 128 Shared Discount: N/A

1. School Name: ST BEDE SCHOOL
 2. Entity Number: 68325 3. Rural/Urban: Urban
 4. Student Count: 320 5. NSLP Students: 18 6. NSLP Students/Students: 5.625%
 7. Discount: 40% 8. Weighted Product: 128

Block 5: Discount Funding Request(s)

| | |
|---|---|
| FRN: 779490 | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 916690000370655 |
| 13. SPIN: 143001912 | 14. Service Provider Name: Ameritech-Illinois (aka Illinois Bell Telephone Co.) |
| 15. Contract Number: T | 16. Billing Account Number: 8475875541 |
| 17. Allowable Contract Date: 12/04/2001 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2002 | 19b. Service End Date: 06/30/2003 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 1y5 | 22. Block 4 Entity Number: 68325 |
| 23a. Monthly Charges: \$175.00 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$175.00 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$2,100.00 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$2,100.00 | |
| 23j. % discount (from Block 4): 40 | |
| 23k. Funding Commitment Request (23i x 23j): \$840.00 | |

| | |
|---|---|
| FRN: 779579 | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 916690000370655 |
| 13. SPIN: 143001912 | 14. Service Provider Name: Ameritech-Illinois (aka Illinois Bell Telephone Co.) |
| 15. Contract Number: T | 16. Billing Account Number: 8475877157 |
| 17. Allowable Contract Date: 12/04/2001 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2002 | 19b. Service End Date: 06/30/2003 |
| 20. Contract Expiration Date: | |

| | |
|---|--|
| 21. Attachment #: 2y5 | 22. Block 4 Entity Number: 68325 |
| 23a. Monthly Charges: \$46.00 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$46.00 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$552.00 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$552.00 | |
| 23j. % discount (from Block 4): 40 | |
| 23k. Funding Commitment Request (23i x 23j): \$220.80 | |

| | |
|---|---|
| FRN: 779740 | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 916690000370655 |
| 13. SPIN: 143001912 | 14. Service Provider Name: Ameritech-Illinois (aka Illinois Bell Telephone Co.) |
| 15. Contract Number: T | 16. Billing Account Number: 217t3603921450 |
| 17. Allowable Contract Date: 12/04/2001 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2002 | 19b. Service End Date: 06/30/2003 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 3y5 | 22. Block 4 Entity Number: 68325 |
| 23a. Monthly Charges: \$56.05 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$56.05 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$672.60 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$672.60 | |
| 23j. % discount (from Block 4): 40 | |
| 23k. Funding Commitment Request (23i x 23j): \$269.04 | |

NO PAY PHONE SERVICE ELIGIBLE

| | |
|---|---|
| FRN: 779871 | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 916690000370655 |
| 13. SPIN: 143001192 | 14. Service Provider Name: AT&T Corp. |
| 15. Contract Number: T | 16. Billing Account Number: 0206496700001 |
| 17. Allowable Contract Date: 12/04/2001 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2002 | 19b. Service End Date: 06/30/2003 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 5y5 | 22. Block 4 Entity Number: 68325 |
| 23a. Monthly Charges: \$26.00 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$26.00 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$312.00 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$312.00 | |
| 23j. % discount (from Block 4): 40 | |
| 23k. Funding Commitment Request (23i x 23j): \$124.80 | |

| | |
|---|---|
| FRN: 779912 | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 916690000370655 |
| 13. SPIN: 143001192 | 14. Service Provider Name: AT&T Corp. |

| | |
|---|--|
| 15. Contract Number: T | 16. Billing Account Number: 0162040173001 |
| 17. Allowable Contract Date: 12/04/2001 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2002 | 19b. Service End Date: 06/30/2003 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 6y5 | 22. Block 4 Entity Number: 68325 |
| 23a. Monthly Charges: \$24.00 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$24.00 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$288.00 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$288.00 | |
| 23j. % discount (from Block 4): 40 | |
| 23k. Funding Commitment Request (23i x 23j): \$115.20 | |

| | |
|---|---|
| FRN: 780103 | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 916690000370655 |
| 13. SPIN: 143001912 | 14. Service Provider Name: Ameritech-Illinois (aka Illinois Bell Telephone Co.) |
| 15. Contract Number: 200112100010 | 16. Billing Account Number: 847z055864 |
| 17. Allowable Contract Date: 12/04/2001 | 18. Contract Award Date: 01/01/2002 |
| 19a. Service Start Date: 07/01/2002 | 19b. Service End Date: |
| 20. Contract Expiration Date: 01/10/2007 | |
| 21. Attachment #: 4y5 | 22. Block 4 Entity Number: 68325 |
| 23a. Monthly Charges: \$238.00 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$238.00 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$2,856.00 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$2,856.00 | |
| 23j. % discount (from Block 4): 40 | |
| 23k. Funding Commitment Request (23i x 23j): \$1,142.40 | |

Block 6: Certifications and Signature

24a. Schools: Y
24b. Libraries or Library Consortia: N

26a. Individual Technology Plan: N
26b. Higher-Level Technology Plan(s): Y
26c. No Technology Plan Needed:

27a. Approved Technology Plan(s): Y
27b. State Approved Technology Plan: N
27c. No Technology Plan Needed:

36. Printed Name of Authorized Person: Patricia S. Brooks
37. Title or Position of Authorized Person: Technology Coordinator
38. Telephone Number of Authorized Person: (847) 587-5541 ext.

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SECURITY
#414234
CERT. ID
#31208

Do Not Write In This Area

Approval by OMB

3060-0853

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

| | | | |
|-----------------------------|-------------------|--|--------|
| Applicant's Form Identifier | 0 2 0 3 y 5 d u p | Form 486 Application # | 219026 |
| | | (To be inserted by Fund Administrator) | |

Block 1: Billed Entity Information

1. Name of Billed Entity

S T B E D E S C H O O L

2. Billed Entity Number

6 8 3 2 5

3. Funding Year

2 0 0 2

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

3 6 3 9 9 N W I L S O N R D

City

I N G L E S I D E

State

Zip Code

I L 6 0 0 4 1 9 6 0 9

Telephone Number

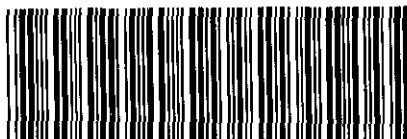
Extension

Fax Number

8 4 7 5 8 7 5 5 4 1

Email Address

s t i n k y l u k @ p l a n e t - s a v e . c o m



0 4 8 6 0 1 0 1 0 2

Entity Number 68325 Applicant's Form Identifier 0203y5 dup
Contact Person Patricia S. Brooks Phone Number (847) 587-5541

5. Contact Person Information

Contact Person Name

P a t r i c i a S . B r o o k s

Street Address, P.O. Box or Route Number

3 6 3 9 9 N o r t h W i l s o n R o a d

City

I n g l e s i d e

State Zip Code

I L 6 0 0 4 1

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Telephone Number

Extension

Fax Number

8 4 7 5 8 7 5 5 4 1

☒ Email Address

s t i n k y l u k @ p l a n e t - s a v e . c o m

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.



Entity Number 68325

Applicant's Form Identifier 0203y5 dup

Contact Person Patricia S. Brooks

Phone Number (847) 587-5541

Block 2: Early Filing Information and CIPA Waiver Request

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING **ON OR BEFORE** JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and/or (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.



| | |
|---|--|
| Entity Number <u>68325</u> | Applicant's Form Identifier <u>0203y5 dup</u> |
| Contact Person <u>Patricia S. Brooks</u> | Phone Number <u>(847) 587-5541</u> |

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 A

| | (A) 471 Application Number (10 digits) From FCDL | (B) Funding Request Number (FRN) (10 digits) From FCDL | (C) Billing Account Number (required if contained on your FCDL) | (D) Service Provider Name From FCDL | (E) Service Provider Identification Number (SPIN) (9 digits) From FCDL | (F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.) |
|---|---|--|--|---|---|--|
| 1 | 3 0 2 7 3 6 | 7 7 9 4 9 0 | 8475875541 | Ameritech-Illinois (a | 1 4 3 0 0 1 9 1 2 | 0 7 0 1 2 0 0 2 |
| 2 | 3 0 2 7 3 6 | 7 7 9 5 7 9 | 8475877157 | Ameritech-Illinois (a | 1 4 3 0 0 1 9 1 2 | 0 7 0 1 2 0 0 2 |
| 3 | 3 0 2 7 3 6 | 7 7 9 8 7 1 | 0206496700001 | AT&T Corp. | 1 4 3 0 0 1 1 9 2 | 0 7 0 1 2 0 0 2 |
| 4 | 3 0 2 7 3 6 | 7 7 9 9 1 2 | 0162040173001 | AT&T Corp. | 1 4 3 0 0 1 1 9 2 | 0 7 0 1 2 0 0 2 |
| 5 | 3 0 2 7 3 6 | 7 8 0 1 0 3 | 847z055864 | Ameritech-Illinois (a | 1 4 3 0 0 1 9 1 2 | 0 7 0 2 2 0 0 2 |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |



| | | | |
|----------------|--------------------|-----------------------------|----------------|
| Entity Number | 68325 | Applicant's Form Identifier | 0203y5 dup |
| Contact Person | Patricia S. Brooks | Phone Number | (847) 587-5541 |

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

n o n e

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

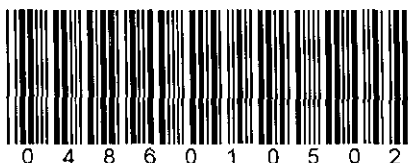
NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. Note that the certification in Items 11a and 11b are different for schools and for libraries. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



| | | | |
|----------------|--------------------|-----------------------------|----------------|
| Entity Number | 68325 | Applicant's Form Identifier | 0203y5 dup |
| Contact Person | Patricia S. Brooks | Phone Number | (847) 587-5541 |

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. ☒ (FOR SCHOOLS) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- (FOR LIBRARIES) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l).
- b. (FOR SCHOOLS) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- (FOR LIBRARIES) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- c. The Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES :

I certify that as of the date of the start of discounted services:

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."



Application ID 219026

| | | | |
|----------------|--------------------|-----------------------------|----------------|
| Entity Number | 68325 | Applicant's Form Identifier | 0203y5 dup |
| Contact Person | Patricia S. Brooks | Phone Number | (847) 587-5541 |

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

13. Date

0 6 2 0 2 0 0 3

14. Printed name of authorized person

P a t r i c i a S . B r o o k s

15. Title or position of authorized person

A d m i n i s t r a t i v e A s s i s t a n t

16. Telephone number of authorized person

Extension

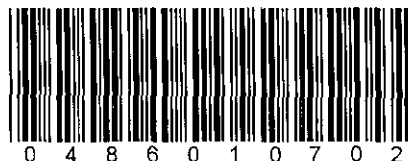
8 4 7 5 8 7 5 5 4 1

Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



Applicant's Form Identifier: 486

Entity Number: 68325

Contact Person: Patricia S. Brooks

Phone Number: (847) 587-5541

Certifications and Signature**486 Application Number: 219026**

1. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
2. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
3. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
4. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
5. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
6. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

7. Signature of authorized person **User ID: 13spike13****PIN:**8. Date **6/20/2003**9. Printed name of authorized person **Patricia S. Brooks**10. Title or position of authorized person **Administrative Assistant**11. Telephone number of authorized person **(847) 587 - 5541**

ATTENTION: If you are signing Form 486 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance ☒**486 Application Number: 219026****ST BEDE SCHOOL****36399 N WILSON RD****INGLESIDE , IL 60041 -9609**

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 486) with the Universal Service Administrator. 47 C.F.R. ? 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. ? 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. ? 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. ? 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. ? 3501, et seq.

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Please retain a copy of this page and submit a copy with any communications to the SLD.

Done

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Schools and Libraries Division

Applicant's Form Identifier: 486

Entity Number: 68325

Contact Person: Patricia S. Brooks

Phone Number: (847) 587-5541

Certifications and Signature

Do not write in this area

486 Application Number: 219026

1. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
2. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
3. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
4. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
5. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
6. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

7. Signature of authorized person **Cert ID = 31208**8. Date **6/20/2003**9. Printed name of authorized person **Patricia S. Brooks**10. Title or position of authorized person **Administrative Assistant**11. Telephone number of authorized person **(847) 587 - 5541**

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Please Check to affirm your compliance ☒**486 Application Number: 219026****ST BEDE SCHOOL**

36399 N WILSON RD
INGLESIDE , IL 60041 -9609

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 486) with the Universal Service Administrator. 47 C.F.R. ? 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. ? 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. ? 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

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If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

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Please retain a copy of this page and submit a copy with any communications to the SLD.

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Schools and Libraries Division

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Universal Service Administrative Company
Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER

(Funding Year 2002: 07/01/2002 - 06/30/2003)

April 24, 2002

ST BEDE SCHOOL
Patricia S. Brooks
36399 N WILSON RD
INGLESIDE, IL 60041-9609

Re: Form 471 Application Number: 302736
Funding Year 2002: 07/01/2002 - 06/30/2003
Billed Entity Number: 68325

Thank you for your Funding Year 2002 E-rate application and for any assistance you provided throughout our review. We have completed review of your Form 471. This letter is to advise you of our decision(s).

FUNDING COMMITMENT REPORT

On the pages following this letter, we have provided a Funding Commitment Report for the Form 471 application cited above. We have reviewed each Discount Funding Request on your Form 471 application and have assigned a Funding Request Number (FRN) to each Block 5. The enclosed report includes a list of the FRNs from your application. The SLD is also sending this information to your service provider(s) so preparations can be made to begin implementing your E-rate discount(s) upon the filing of your Form 486. Immediately preceding the Funding Commitment Report, you will find a guide that defines each line of the Report.

NEXT STEPS

FILE FORM 486. Once you have reviewed this letter and have determined that some or all of your requests have been funded, your next step to facilitate receipt of discounts as featured in this letter will be to file an FCC Form 486 with the SLD. The Form 486 notifies the SLD to begin payment to your service provider and provides certified indication that your technology plan(s) has been approved by an SLD certified Technology Plan Approver. The Form 486 and instructions and the list of SLD certified Technology Plan Approvers can be found on the SLD web site at www.sl.universalservice.org or you can call the SLD Client Service Bureau at 1-888-203-8100 and ask that the form be sent to you. The Form 486 dated July, 2001 in the lower right corner MUST be used for Funding Year 2002 and for any previous funding years. Submissions of earlier versions of the Form 486 will be returned to you and will not be able to be processed. As you complete Form 486, you should also contact your service provider to verify they have received notice from the SLD of your funding commitments. After the SLD processes your Form 486, we can process invoices for services that have been provided to you.

DEADLINE FOR FORM 486. Form 486 must be postmarked within 120 days of the Service Start Date featured on the Form 486 or within 120 days of the date of the Funding Commitment Decision Letter, whichever is later. If the Form 486 is postmarked after the later of those two dates, the date 120 days before the Form 486 postmark date will become the start date for discounted services. If the service start date is moved, your funding commitment may be reduced. You are advised to keep proof of the date of mailing of your form(s).

DUPLICATE LETTER

REVIEW CIPA REQUIREMENTS. On December 21, 2000, the Children's Internet Protection Act (CIPA) was signed into law. That law requires schools and libraries that receive Universal Service discounts for certain services to adopt an Internet safety policy incorporating the use of filtering or blocking technology on computers with Internet access as a condition of receiving those discounts. Funding Year 2002 may be the Second Funding Year for purposes of CIPA for one or more schools and/or libraries represented on your Form 486. (Funding Year 2002 is the Second Funding Year for purposes of CIPA for a school or library if a Form 486 for internet access or internal connections was successfully data entered for Funding Year 2001. See the section of the Form 486 Instructions entitled "Impact of CIPA Requirements on Form 486" for more information on First, Second and Third Funding Years.) If Funding Year 2002 is the Second Funding Year for purposes of CIPA for one or more schools and/or libraries represented on your Form 486, those school(s) and/or library(ies) must certify that they are in compliance with CIPA unless state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification otherwise required. A school or library so prevented may request a waiver for Funding Year 2002. Certification(s) for purposes of CIPA and CIPA waiver request(s) must be made on the Form 486 or the Form 479, whichever is appropriate. See the Form 486 Instructions and the Form 479 Instructions for more information. You may also refer to the SLD web site at <www.sl.universalservice.org> or call the Client Service Bureau at 1-888-203-8100 for more information about Form 486, Form 479, and the requirements of CIPA.

FILE FORM 472 (APPLICANT) or FORM 474 (SERVICE PROVIDER). After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant; Form 474, Service Provider Invoice Form, is filed by the service provider.

NEW DEADLINES FOR INVOICES. Invoices must be postmarked within 90 days of the last date to receive service or within 90 days of the date of the Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

TO APPEAL THESE FUNDING COMMITMENT DECISIONS

If you wish to appeal the Funding Commitment Decision(s) (FCD) indicated in this letter, your appeal must be RECEIVED BY THE SCHOOLS AND LIBRARIES DIVISION (SLD) WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which FCD Letter you are appealing. Indicate the relevant funding year and the date of the Funding Commitment Decision Letter. Your letter of appeal must also include the applicant name, the Form 471 Application Number, and the Billed Entity Number from the top of your FCD Letter.
3. Identify the particular Funding Request Number (FRN) that is the subject of your appeal. When explaining your appeal, include the precise language or text from the Funding Commitment Decision Letter that is at the heart of your appeal. By pointing us to the exact words that give rise to your appeal, the SLD will be able to more readily understand and respond appropriately to your appeal. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by calling the Client Service Bureau.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket Nos. 96-45 and 97-21 on the first page of your appeal to the FCC. Your appeal must be RECEIVED BY THE FCC WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by calling the Client Service Bureau. We strongly recommend that you use either the e-mail or fax filing options because of continued substantial delays in mail delivery

DUPLICATE LETTER

to the FCC. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the universal service mechanisms for schools and libraries. FCC Form 471 Applicants who have received funding commitments continue to be subject to audits and other reviews that SLD or the Federal Communications Commission may undertake periodically to assure that funds have been committed and are being used in accordance with all such requirements. If the SLD subsequently determines that its commitment was erroneously issued due to action or inaction, including but not limited to that by SLD, the Applicant, or Service Provider, and that the action or inaction was not in accordance with such requirements, SLD may be required to cancel these funding commitments and seek repayment of any funds disbursed not in accordance with such requirements. The SLD, and other appropriate authorities (including but not limited to USAC and the FCC), may pursue enforcement actions and other means of recourse to collect erroneously disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

We look forward to continuing our work with you on connecting our schools and libraries through advanced telecommunications services.

Sincerely,

Schools and Libraries Division
Universal Service Administrative Company

Enclosures

DUPLICATE LETTER

A GUIDE TO THE FUNDING COMMITMENT REPORT

Attached to this letter will be a report for each E-rate funding request from your application. We are providing the following definitions.

FUNDING REQUEST NUMBER (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to Applicants and Service Providers the status of individual discount funding requests submitted on a Form 471.

FUNDING STATUS: Each FRN will have one of three definitions: "Funded," "Not Funded," or "As Yet Unfunded."

1. An FRN that is "Funded" will be approved at the level that SLD determined is appropriate for that item. The funding level will generally be the level requested unless the SLD determines during the application review process that some adjustment is appropriate.
2. An FRN that is "Not Funded" is one for which no funds will be committed. The reason for the decision will be briefly explained in the "Funding Commitment Decision," and amplification of that explanation may be offered in the section, "Funding Commitment Decision Explanation." An FRN may be "Not Funded" because the request does not comply with program rules, or because the total amount of funding available for this Funding Year was insufficient to fund all requests.
3. An FRN that is "As Yet Unfunded" reflects a temporary status that is assigned to an FRN when the SLD is uncertain at the time the letter is generated whether there will be sufficient funds to make commitments for requests for internal connections at a particular discount level. For example, if your application included requests for discounts on both telecommunications services and internal connections, you might receive a letter with our funding commitment for your telecommunications funding requests and a message that your internal connections requests are "As Yet Unfunded." You would receive a subsequent letter(s) regarding the funding decision on your internal connections requests.

SERVICES ORDERED: The type of service ordered from the service provider, as shown on Form 471.

SPIN (Service Provider Identification Number): A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in the universal service support mechanisms. A SPIN is also used to verify delivery of services and to arrange for payment.

SERVICE PROVIDER NAME: The legal name of the service provider.

CONTRACT NUMBER: The number of the contract between the eligible party and the service provider. This will be present only if a contract number was provided on Form 471.

BILLING ACCOUNT NUMBER: The account number that your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on Form 471.

EARLIEST POSSIBLE EFFECTIVE DATE OF DISCOUNT: The first possible date of service for which the SLD will reimburse service providers for the discounts for the service.

CONTRACT EXPIRATION DATE: The date the contract expires. This will be present only if a contract expiration date was provided on Form 471.

SITE IDENTIFIER: The Entity Number listed in Form 471, Block 5, Item 22a will be listed. This will appear only for "site specific" FRNs.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE RECURRING CHARGES: Eligible monthly pre-discount amount approved for recurring charges multiplied by number of months of recurring service provided in the funding year.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE NON-RECURRING CHARGES: Annual eligible non-recurring charges approved for the funding year.

PRE-DISCOUNT AMOUNT: Amount in Form 471, Block 5, Item 23, Column I, as determined through the application review process.

DUPLICATE LETTER

DISCOUNT PERCENTAGE APPROVED BY THE SLD: This is the discount rate that the SLD has approved for this service.

FUNDING COMMITMENT DECISION: This represents the total amount of funding that the SLD has reserved to reimburse service providers for the approved discounts for this service for this funding year. It is important that you and the service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of discounts only for eligible, approved services actually rendered.

FUNDING COMMITMENT DECISION EXPLANATION: This entry may amplify the comments in the "Funding Commitment Decision" area.

DUPLICATE LETTER

FUNDING COMMITMENT REPORT

Form 471 Application Number: 302736
 Funding Request Number: 779490 Funding Status: Funded
 Services Ordered: Telecommunications Service
 SPIN: 143001912 Service Provider Name: Ameritech-Illinois (aka Illinois Be
 Telephone Co
 Contract Number: T
 Billing Account Number: 8475875541
 Earliest Possible Effective Date of Discount: 07/01/2002
 Contract Expiration Date: 06/30/2003
 Site Identifier: 68325
 Annual Pre-discount Amount for Eligible Recurring Charges: \$2,100.00
 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
 Pre-Discount Amount: \$2,100.00
 Discount Percentage Approved by the SLD: 40%
 Funding Commitment Decision: \$840.00 - FRN approved as submitted

Funding Request Number: 779579 Funding Status: Funded
 Services Ordered: Telecommunications Service
 SPIN: 143001912 Service Provider Name: Ameritech-Illinois (aka Illinois Be
 Telephone Co
 Contract Number: T
 Billing Account Number: 8475877157
 Earliest Possible Effective Date of Discount: 07/01/2002
 Contract Expiration Date: 06/30/2003
 Site Identifier: 68325
 Annual Pre-discount Amount for Eligible Recurring Charges: \$552.00
 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
 Pre-Discount Amount: \$552.00
 Discount Percentage Approved by the SLD: 40%
 Funding Commitment Decision: \$220.80 - FRN approved as submitted

Funding Request Number: 779740 Funding Status: Not Funded
 Services Ordered: Telecommunications Service
 SPIN: 143001912 Service Provider Name: Ameritech-Illinois (aka Illinois Be
 Telephone Co
 Contract Number: T
 Billing Account Number: 217t3603921450
 Earliest Possible Effective Date of Discount: 07/01/2002
 Contract Expiration Date: 06/30/2003
 Site Identifier: 68325
 Annual Pre-discount Amount for Eligible Recurring Charges: \$672.60
 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
 Pre-Discount Amount: \$672.60
 Discount Percentage Approved by the SLD: N/A
 Funding Commitment Decision: \$0.00 - Inel. svcs./ or product(s)
 Funding Commitment Decision Explanation: 30% or more of this FRN includes a request
 for a pay phone which is an ineligible service based on program rules.

Funding Request Number: 779871 Funding Status: Funded
 Services Ordered: Telecommunications Service
 SPIN: 143001192 Service Provider Name: AT&T Corp.
 Contract Number: T
 Billing Account Number: 0206496700001
 Earliest Possible Effective Date of Discount: 07/01/2002
 Contract Expiration Date: 06/30/2003
 Site Identifier: 68325
 Annual Pre-discount Amount for Eligible Recurring Charges: \$312.00
 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
 Pre-Discount Amount: \$312.00
 Discount Percentage Approved by the SLD: 40%
 Funding Commitment Decision: \$124.80 - FRN approved as submitted

DUPLICATE LETTER

DUPLICATE LETTER

FUNDING COMMITMENT REPORT

Form 471 Application Number: 302736
Funding Request Number: 779912 Funding Status: Funded
Services Ordered: Telecommunications Service
SPIN: 143001192 Service Provider Name: AT&T Corp.
Contract Number: T
Billing Account Number: 0162040173001
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 68325
Annual Pre-discount Amount for Eligible Recurring Charges: \$288.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-Discount Amount: \$288.00
Discount Percentage Approved by the SLD: 40%
Funding Commitment Decision: \$115.20 - FRN approved as submitted

Funding Request Number: 780103 Funding Status: Funded
Services Ordered: Telecommunications Service
SPIN: 143001912 Service Provider Name: Ameritech-Illinois (aka Illinois Be
Telephone Co
Contract Number: 200112100010
Billing Account Number: 847z055864
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 01/10/2007
Site Identifier: 68325
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,856.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-Discount Amount: \$2,856.00
Discount Percentage Approved by the SLD: 40%
Funding Commitment Decision: \$1,142.40 - FRN approved; modified by SLD
Funding Commitment Decision Explanation: The estimated one-time charge was changed to
reflect the documentation provided by the applicant.

DUPLICATE LETTER

SCHOOLS AND LIBRARIES DIVISION

Letter Re-Order Advisory Cover Sheet

To: St. Bede School
Patricia S. Brooks
3699 N. Wilson Rd.
Ingleside IL 60041-9609

Date: June 12, 2003

Important Notice

Attached you will find a copy of the requested letter. It is important to note that all terms, conditions, dates and/or actions imposed by the Schools and Libraries Program on applicants or service providers that are dependent on the specific dates in effect with the original letter remain unchanged.

This advisory is especially important if you are considering filing an appeal See the "Appeals Procedure" in the Reference Area of the SLD web site <www.sl.universalservice.org> for more information on appeal deadlines and how to file your appeal.
Schools and Libraries Division

Re: Form 470 Application # _____ Form 471 Application# 302736
SPIN# _____ BEN# 68325

Letter Type Requested:

| | |
|--|----------|
| Form 470 Receipt Notification Letter (Applicants Only) | _____ |
| Form 471 Receipt Acknowledgement Letter (RAL) – Applicant | _____ |
| Form 471 Receipt Acknowledgement Letter (RAL) – Service Provider | _____ |
| Funding Commitment Decision Letter (FCDL) – Applicant | <u>X</u> |
| Funding Commitment Decision Letter (FCDL) – Service Provider | _____ |
| Appeal Funding Commitment Decision Letter – Applicant | _____ |
| Appeal Funding Commitment Decision Letter – Service Provider | _____ |
| Form 486 Notification Letter - Applicant | _____ |
| Form 486 Notification Letter - Service Provider | _____ |
| Form 500 Notification Letter – Applicant | _____ |
| Form 500 Notification Letter – Service Provider | _____ |
| Billed Entity Applicant Reimbursement (BEAR) Letter – Applicant | _____ |
| Billed Entity Applicant Reimbursement (BEAR) Letter – Service Provider | _____ |
| Quarterly Disbursements | _____ |

Requested By: Patricia Brooks Tel # 847-587-5541 Request Date: 6-11-03



Universal Service Administrative Company
Schools & Libraries Division

FORM 486 NOTIFICATION LETTER
(Funding Year 2002: 07/01/2002 - 06/30/2003)

July 2, 2003

ST BEDE SCHOOL
Patricia S. Brooks
36399 North Wilson Road
Ingleside, IL 60041

Re: Form 486 Application Number: 219026
Applicant's Form 486 Identifier: 0203y5 dup

This letter is to notify you that the Schools and Libraries Division (SLD) has received and accepted an FCC Form 486, Receipt of Service Confirmation Form, from you. This notification is to confirm the information that you provided. This information is being shared with the service provider whose SPIN you identified on the affected Funding Request Number(s) (FRN).

NEXT STEPS

- Work with your service provider to establish discounts (SPI) or reimbursements (BEAR)
- Invoice the SLD -
 - applicant invoice is BEAR Form for reimbursements
 - service provider invoice is SPI Form for discounts
- Pay non-discount portion, as stated in program rules
- Maintain ALL documentation, as stated in program rules

You may be receiving this letter to revise or correct a previous Form 486 Notification Letter. The information contained in this letter supersedes any previous notification you may have received, including, but not limited to, a previously adjusted Service Start Date or previously reduced funding commitment.

NOTICE ON SERVICE START DATE

There may be some situations where one or more Service Start Dates as reflected on this letter have been changed from what you indicated on the Form 486. Such changes are made by the SLD to be in compliance with program rules. You will know that a change has been made if there is an asterisk next to the Service Start Date. If the SLD changed the Service Start Date, this change may have triggered a reduction in the funding commitment. It is important that you and the service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved products and/or services actually delivered and installed on or after the Service Start Date indicated on this letter.

IMPORTANT REMINDERS & DEADLINES

The following information is provided to assist you throughout the application process. We recommend that you keep it in an easily accessible location and that you share it with the appropriate members of your organization.

PROGRAM COMPLIANCE - Although this Form 486 has been fully data entered, the SLD will continue to review the compliance status of this Form 486, of each entity represented, and of each FRN listed. If the SLD discovers that the reported CIPA compliance status for an entity is not valid or that a required technology plan has not been approved by an SLD certified Technology Plan Approver, invoices featuring the affected FRNs will not be processed. Please refer to the SLD web site for complete information.

FORM 473 - Invoices received by the SLD will not be paid unless the SLD has an FCC Form 473, Service Provider Annual Certification (SPAC), on file for the funding year associated with the invoice.

INVOICE DEADLINE - Invoices must be postmarked no later than 120 days after the last date to receive service - including extensions - or 120 days after the date of the Form 486 Notification Letter, whichever is later. Invoices should not be submitted until the invoiced products and/or services have been delivered and billed, and (for BEAR Forms) the provider has been paid. Once established, the selected invoicing method - Forms 474 (SPIs) or Forms 472 (BEARs) - must be used for the entire Funding Year.

REVIEW OF INVOICES FOR COMPLIANCE WITH PROGRAM RULES - Once an invoice is in the SLD system, it is reviewed - electronically and, in some cases, manually - for compliance with program rules. This review may include requests from our Program Integrity Assurance team to provide information in support of the invoice. Processing of invoices can take up to 90 days, although usually less.

OBLIGATION TO PAY NON-DISCOUNT PORTION - Applicants are required to pay the non-discount portion of the cost of the products and/or services. Service providers are required to bill applicants for the non-discount portion. The FCC has stated that requiring applicants to pay their share ensures efficiency and accountability in the program. If you are using a trade-in as part of your non-discount portion, please refer to the SLD web site.

"FREE" INELIGIBLE SERVICES - Applicants and service providers are prohibited from using approved discounts to subsidize ineligible or unrequested products and services. Please see the "Free Services Advisory" posted in the Reference Area of the SLD web site.

RETAIN DOCUMENTATION - Applicants and service providers must retain documentation including, but not limited to, documents showing:

- compliance with all applicable competitive bidding requirements,
- products and/or services delivered (e.g., customer bills detailing make, model and serial number),
- resources necessary to make effective use of E-rate discounts, including the purchase of equipment such as workstations not eligible for support,
- the specific location of each item of E-rate funded equipment, and
- the applicant has paid the non-discount portion.

These documents must be retained and available for review for five years.

Complete program information is posted to the Schools and Libraries Division (SLD) web site at www.sl.universalservice.org. Information is also available by contacting the SLD Client Service Bureau by e-mail at question@universalservice.org, by fax at 1-888-276-8736, or by phone at 1-888-203-8100.

TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION

If you wish to appeal the Service Start Date change(s) and/or funding commitment adjustment(s) indicated in this letter, your appeal must be RECEIVED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which FRN Service Start Date change or Funding Commitment adjustment you are appealing. Indicate the relevant funding year and the date of this Form 486 Notification Letter. Your letter of appeal must also include the relevant Funding Request Number(s), the Billed Entity Name, the Form 471 Application Number, and the Billed Entity Number from your Form 486.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be RECEIVED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use either the e-mail or fax filing options because of continued substantial delays in mail delivery to the FCC.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Universal Service Support Mechanism. Applicants who have received funding commitments continue to be subject to audits and other reviews that the SLD and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. The SLD may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by the SLD, the applicant, or the service provider. The SLD, and other appropriate authorities (including but not limited to USAC and the FCC), may pursue enforcement actions and other means of recourse to collect erroneously disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

A GUIDE TO THE FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT REPORT

A report for each ERN for which you have notified us of a Service Start Date is attached to this letter. We are providing the following definitions for the items in that report.

Funding Request Number (ERN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

Form 471 Application Number: A unique identifier assigned to a Form 471 application by the SLD.

Service Provider Name: The name of the service provider that you identified as providing the service included in this ERN.

Service Provider Identification Number: The unique number assigned by USAC to the service provider you identified as providing the service included in this ERN.

Billing Account Number: The account number that you have established with your service provider for billing purposes. This will be present only if a Billing Account Number was provided on the Form 471.

Service Start Date: The Service Start Date (SSD) as indicated on the Form 486. If this date is marked with an asterisk, it was changed by the SLD to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on products and/or services delivered or installed prior to this date.

Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT): If the Service Start Date is marked with an asterisk, this field will explain why the SLD changed the date. One of the following explanations may appear:

AVSCD: The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this ERN on the Form 471. If you indicated an earlier SSD on the Form 486, the SLD changed the SSD to the AVSCD.

120-DAY 486 DEADLINE: Forms 486 must be postmarked no later than 120 days after the start of services or no later than 120 days after the date of the FCDL, whichever is later. If the Form 486 is postmarked after the later of those two dates, the SLD changed the SSD to the date 120 days before the Form 486 postmark date. That date will become the start date for discounted services. You are advised to keep proof of the date of mailing of your form(s).

Adjusted Funding Commitment (SHOWN ONLY IF RELEVANT): If the SLD changed the Service Start Date, this change may have triggered a reduction in the funding commitment. This field will only appear if there is a reduction to the funding commitment amount.

FORM 486 NOTIFICATION LETTER
FUNDING COMMITMENT REPORT
(Funding Year 2002)

Funding Request Number: 779490
Form 471 Application Number: 302736
Service Provider Name: SBC Illinois
Service Provider Identification Number: 143001912
Billing Account Number: 8475875541
Service Start Date: 02/20/2003*
Service Start Date Change Explanation: 120-DAY 486 DEADLINE
Adjusted Funding Commitment: \$350.00

Funding Request Number: 779579
Form 471 Application Number: 302736
Service Provider Name: SBC Illinois
Service Provider Identification Number: 143001912
Billing Account Number: 8475877157
Service Start Date: 02/20/2003*
Service Start Date Change Explanation: 120-DAY 486 DEADLINE
Adjusted Funding Commitment: \$92.00

Funding Request Number: 779871
Form 471 Application Number: 302736
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0206496700001
Service Start Date: 02/20/2003*
Service Start Date Change Explanation: 120-DAY 486 DEADLINE
Adjusted Funding Commitment: \$52.00

Funding Request Number: 779912
Form 471 Application Number: 302736
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0162040173001
Service Start Date: 02/20/2003*
Service Start Date Change Explanation: 120-DAY 486 DEADLINE
Adjusted Funding Commitment: \$48.00

Funding Request Number: 780103
Form 471 Application Number: 302736
Service Provider Name: SBC Illinois
Service Provider Identification Number: 143001912
Billing Account Number: 847z055864
Service Start Date: 02/20/2003*
Service Start Date Change Explanation: 120-DAY 486 DEADLINE
Adjusted Funding Commitment: \$476.00